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APPLICATION NO.	FILING DATE	F	TRST A CARE	INVENTOR	ATTOR	NEY DOCKET NO.	CONFIRMATION NO.
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lease check the appropriate	assignee category or categori	es (will not be pri	nted on the p	atent): 🗖 Individu	ıal 🔀 Corporation	or other private g	roup entity 🗖 Government
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